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Please hand deliver the following facsimile to:

Name: **Angel R. Estrada, Examiner**

Facsimile No.: **571-273-8300**

Company: **U.S. Patent & Trademark Office, Art
Unit 2831**

Number of pages (including this page): **24**

Telephone No.: **571-272-1973**

From: **H. Duane Switzer**

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Operator's initials

CAM No.: **427600700090**

Re: **U.S. Serial No. 10/808,853**

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PTO/SB/21 (09-04)

Approved for use through 07/31/2005. OMB 0551-0031

U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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| | | |
|---|------------------------|------------------|
| TRANSMITTAL FORM (to be used for all correspondence after initial filing) | Application Number | 10/808,853 |
| | Filing Date | 03/25/2004 |
| | First Named Inventor | Eric G. Hull |
| | Art Unit | 2831 |
| | Examiner Name | Angel R. Estrada |
| Total Number of Pages in This Submission | Attorney Docket Number | 427600700090 |

| ENCLOSURES (Check all that apply) | | |
|---|--|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|-----------------------------|----------|--------|
| Firm Name | H. Duane Switzer, Jones Day | | |
| Signature | <i>H. Duane Switzer</i> | | |
| Printed name | H. Duane Switzer | | |
| Date | August 17, 2005 | Reg. No. | 22,431 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

| | | | | |
|-----------------------|-------------------------|--|------|------------|
| Signature | <i>H. Duane Switzer</i> | | Date | 08/17/2005 |
| Typed or printed name | H. Duane Switzer | | | |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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T-348 P.003/024 F-346

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PTO/SB/17 (12-04v2)
Approved for use through 07/31/2008. OMB 0651-0032

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Effective on 12/08/2004.
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1,320.00

Complete if Known

| | |
|----------------------|------------------|
| Application Number | 10/808,853 |
| Filing Date | 03/25/2004 |
| First Named Inventor | Eric G. Hull |
| Examiner Name | Angel R. Estrada |
| Art Unit | 2831 |
| Attorney Docket No. | 427600700090 |

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: 501432 Deposit Account Name: Jones Day
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 under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|-----------------------|-------------|-----------------------|------------------|-----------------------|----------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|----------|----------------|
| 17 | -0- | 50 | -0- |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fees Paid (\$) |
|---------------|--------------|----------|----------------|
| 10 | 6 | 200 | 1200 |

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fees Paid (\$) |
|--------------|--------------|--|----------|----------------|
| - | - | - | - | - |

- 100 = / 50 = (round up to a whole number) x

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

| | | |
|---|--------------------------------|-------------------------------|
| SUBMITTED BY | Registration No. 22,431 | Telephone 216-586-7283 |
| Signature <u>H. Duane Switzer</u> | (Attorney/Agent) | Date 08/17/2005 |
| Name (Print/Type) <u>H. Duane Switzer</u> | | |

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Serial No. : 10/808,853 Confirmation No. 6657
Applicant : Eric G. Hull
Filed : March 25, 2004
Title : ELECTRICAL MUD BOX WITH
REMOVABLE COVER
Art Unit : 2831
Examiner : Angel R. Estrada
Last Office Action : August 9, 2005 - Advisory Action
Attorney Docket No. : 427600700090
Customer No. : 24325

AMENDMENT AFTER FINAL REJECTION

Mail Stop AF
Commissioner For Patents
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Alexandria, VA 22313-1450

Sir:

Responsive to the Advisory Action dated August 9, 2005, please amend this application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 14 of this paper.

08/18/2005 HLE333 00000005 501432 10808853

02 FC:1201 1200.00 DA